Application Data Sheet

Application Information

Application Type::

Regular

Subject Matter::

Utility

Title::

POST RIP IMAGE RENDERING IN A MICR

ELECTROGRAPHIC PRINTER TO IMPROVE

READABILITY

Attorney Docket Number::

10532

Request for Non-Publication?::

No

Total Drawing Sheets::

23

Small Entity::

No

Applicant Information

Applicant Authority type::

Inventor

Primary Citizenship Country::

US

Status::

Full Capacity

Given Name::

Thomas

Middle Name::

J.

Family Name::

Foster

City of Residence::

Geneseo

State or Province of Residence:: NY

Country of Residence::

US

Street of mailing address::

3247 North Road

City of mailing address::

Geneseo

State or Province of mailing address::

NY

Postal or Zip Code of mailing address:: 14454

Applicant Authority type::

Inventor

Primary Citizenship Country::

US

Status::

Full Capacity

Given Name::

Gregory

Middle Name::

Family Name::

Rombola

City of Residence::

Spencerport

State or Province of Residence:: NY

Country of Residence::

US

Street of mailing address::

24 Winding Country Lane

City of mailing address::

Spencerport

State or Province of mailing address::

NY

Postal or Zip Code of mailing address:: 14559

Correspondence Information

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Street of mailing address::

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2600 Manitou Road

City of mailing address::

Rochester

State or Province of mailing address::

New York

Postal or Zip Code of mailing address:: 14624

Telephone::

(585) 512-8581, (585) 512-8500

Fax::

(585) 512-8065

Representative Information

| Representative Customer Number:: | 32534 |
|----------------------------------|-------|
|----------------------------------|-------|

Domestic Priority Information

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|------------------|---|----------------------|----------------------|
| This Application | An application claiming the benefit under 35 USC 119(e) | 60/459,111 | 03/31/2003 |
| | | | |

Foreign Priority Information

| Country:: | Application Number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|---------------|--------------------|
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